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## ART. I.—NOTE OF A CASE OF EXSTROPHY OF THE BLADDER.

BY THE EDITOR.

It is now pretty well understood, that the different organs of the body are not formed from one central point towards the circumference, as was once imagined, but that they are composed of two or more parts, having an interval between them which is gradually closed; but if from any cause the development of one or more parts should be arrested, clefts or preternatural openings may remain; of these we have a familiar example in the hare-lip, which is often accompanied by a cleft palate. Occasionally it happens that a similar defect is observable in the abdominal parieties; at times the linea alba only may be wanting; at others, the abdominal muscles; and, at others again, where the absence of these parts is restricted to a small space above the pubis, the anterior portion of the bladder may be wanting also, so that the inner surface of the posterior wall of the bladder presents at the opening. This is easily recognised by its distinct mucous character, and by two orifices more or less apparent—the terminations of the ureters—whence the urine continually oozes as it is sent down to the bladder from the kidneys. In such a case, if the individual be male, the penis is malformed and imperforate.

The cases on record of this last kind—to which the terms *Exstrophy* and *Extroversion*, and *Prolapsus* and *Inversion*, of the bladder, have been given—are now very numerous;<sup>1</sup> but not many have been described in the journals of this country. Dr. Beck<sup>2</sup> refers to two, of which figured representations have been given,—one by Drs. Ducachet and Charles Drake,<sup>3</sup> the other by Dr. Hayward,<sup>4</sup> of Boston. They are all strikingly alike in their general character.

It need scarcely be said, that serious inconveniences accompany this malformation, and not the least is the excessive difficulty in keeping the parts clean, in consequence of the perpetual oozing of the urine from the ureters, and the inflammation and excoriation necessarily produced by it. Sponges and receptacles for the urine have been employed, and it has been proposed by Bünger and L. F. von Froriep, that an organic covering should be given to the exposed vesical surface by a kind of *gastroplastic* operation,

<sup>1</sup> Meckel's *Handbuch der Pathologischen Anatomie* Band 1, s. 715.  
Leipz., 1812.

<sup>2</sup> Elements of Medical Jurisprudence, 5th edit. i. 70.

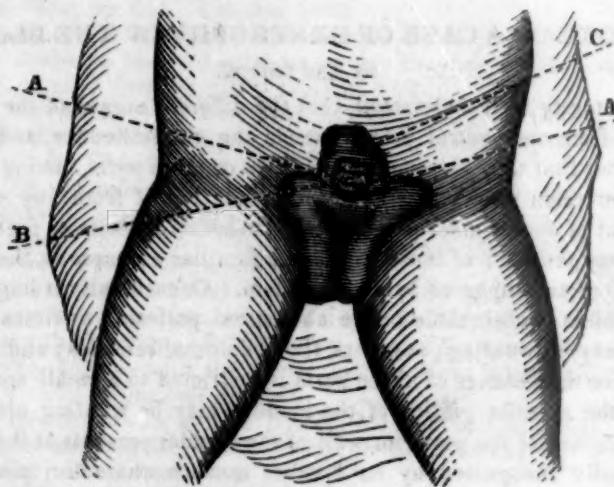
<sup>3</sup> Medical Recorder, iii., 515.

<sup>4</sup> Boston Medical Magazine, i. 91.

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similar to the rhinoplastic. The most serious obstacle—that of the prevention of the union of the flaps by the constant draining of the urine—Von Froriep does not consider to be insuperable; but, as Dr. Phœbus properly remarks, it would not be practicable to form a sphincter, and consequently the dripping of the urine would continue. Still, much would be gained by the formation of such a covering. The experiment has not, however, been made.<sup>1</sup>

These remarks have been suggested by a case which we were requested to examine some time ago, by Dr. Dufee of this city, and of which it is scarcely necessary to do more than give a marginal representation from a drawing taken by that gentleman.



A. A. The orifices of the ureters.

B. The imperforate penis.

C. The mucous surface of the posterior paries of the bladder.

It agrees in all its characters with most of those that have been recorded. The girl, as she had been esteemed—or rather she had generally been considered hermaphrodite!—is about eight years old, and in the enjoyment of perfect health; except that the perpetual oozing of the urine occasions constant excoriation of both groins, and as it is extremely difficult to keep the parts clean, the smell from them is most offensive. The evidences of the male sex are unequivocal.

The anus, as is generally the case,<sup>2</sup> is situated much more forward than where the parts are perfect.

#### ART. II.—PROFESSOR VELPEAU, ON IODINE INJECTIONS IN HYDROCELE.

Iodine applications having been used locally in cases of hydrocele, it suggested itself to M. Velpeau, that they might be usefully employed in injections.<sup>3</sup> With this view he used a mixture of water and tincture of

<sup>1</sup> Art. Exstrophia, in *Encyclopäd. Wörterb. der Medicin. Wissenschaft.* xii, 615. Berlin, 1834.

<sup>2</sup> Phœbus, in art. Exstrophia, op. cit. s. 648.

<sup>3</sup> Archives Générales de Médecine, Janvier, 1837.

iodine, in the proportion of two drams of the tincture to an ounce of water. The sac being emptied by puncture, in the ordinary manner, he injects from one to four ounces of this mixture. It is withdrawn immediately, although he has no apprehension of leaving a little in. The part generally becomes swollen for three or four days, but without exciting fever or serious pain; resolution then begins and is commonly rapidly effected. M. Velpeau states that he has adopted this course twenty times, and that none of the patients have experienced the least unpleasant symptom; eighteen were cured in less than twenty days; in another, resolution was only half effected on the thirty-first day, but the operation was repeated and the cure afterwards proceeded rapidly; the twentieth case, in which the hydrocele was in two sacs, remained six weeks in the hospital, on account of the swelling of the testicle. Two had been operated on unsuccessfully by vinous injection and cauterization; two had an encysted hydrocele of the cord; in three, the tumour contained about three ounces of serous fluid; ten had the testicle hypertrophied, tuberculated, and diseased, for some time; in all, except two, the disease had existed for more than six months; two had laboured under it for fifteen years, and one for twenty-four years.

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### ART. III.—ON SCARIFICATION OF THE VAGINA, TO PREVENT LACERATION DURING LABOUR.

BY F. A. RITGEN,<sup>1</sup>

Professor of Medicine, and Director of the Lying-in establishment at Giessen.

Professor Ritgen recommends, where the head of the child is long in producing dilatation of the vagina, so as to threaten laceration of the perineum, that the orifice of the vagina, and the strictured portions, should be slightly scarified. He alludes to a case where the child's head was a fourth or a third part born, but was embraced by the mouth of the vagina, on the outermost margin of which he made seven small transverse incisions right and left. These were not more than a line deep, and crossed each other, being separated by spaces of from two to four lines. By this means, the outer margin of the mouth of the vagina was suddenly expanded more than two inches in circumference. None of the wounds were lacerated by the passage of the head. They always healed readily, without inducing any permanent enlargement of the vagina; when the frænum, indeed, is unhurt, the external mouth of the vagina, according to Professor Ritgen, is somewhat narrower, and the cicatrices from the incisions cannot be detected after a few weeks.

Laceration of the perineum is not a very common occurrence, and although the practice recommended by the author may enlarge the vulvo-uterine canal, where there is unusual stricture from any cause, we apprehend it cannot often be necessary.

<sup>1</sup> Neue Zeitschrift für Geburtskunde; von Busch, d'Outrepont und Ritgen. Dritten Bandes, erstes Heft, s. 65.

## ART. IV.—REPORT OF THE PENNSYLVANIA HOSPITAL.

The following is the list of cases treated at this valuable institution during the year ending on the 22d of April last.

| ADMITTED FOR   |    | Cured. | Relieved. | Removed by friends,<br>or at their request. | Discharged for mis-<br>conduct. | Eloped. | Died. | Remain. | Total. |
|--|----|--------|-----------|---|---------------------------------|---------|-------|---------|--------|
| <b>ACCIDENTAL INJURIES, VIZ.</b>                     |    |        |           |   |                                 |         |       |         |        |
| Burns and scalds . . . . .                           | 10 | 2      | 2         | 0   | 0                               | 0       | 4     | 2       | 20     |
| Contusions and wounds . . . . .                      | 93 | 7      | 9         | 2   | 2                               | 2       | 16    | 11      | 140    |
| Gun-shot wounds . . . . .                            | 4  | 0      | 1         | 0   | 0                               | 0       | 1     | 0       | 6      |
| Fractures . . . . .                                  | 65 | 4      | 4         | 0   | 0                               | 1       | 14    | 17      | 105    |
| Dislocations . . . . .                               | 8  | 1      | 3         | 0   | 0                               | 0       | 1     | 1       | 14     |
| Sprains . . . . .                                    | 9  | 2      | 1         | 0   | 0                               | 0       | 2     | 3       | 17     |
| Frosted . . . . .                                    | 5  | 0      | 3         | 0   | 0                               | 0       | 0     | 0       | 8      |
| Poisoned by laudanum . . . . .                       | 2  | 0      | 0         | 0   | 0                               | 0       | 0     | 0       | 2      |
| <b>DISEASES OF THE CHEST AND RESPIRATORY ORGANS.</b> |    |        |           |   |                                 |         |       |         |        |
| Asthma . . . . .                                     | 2  | 1      | 0         | 0   | 0                               | 0       | 0     | 0       | 2      |
| Bronchitis . . . . .                                 | 2  | 0      | 2         | 0   | 0                               | 0       | 3     | 0       | 7      |
| Catarrh . . . . .                                    | 9  | 1      | 0         | 0   | 0                               | 0       | 0     | 5       | 15     |
| Hæmoptysis . . . . .                                 | 2  | 0      | 0         | 0   | 0                               | 0       | 0     | 0       | 2      |
| Phthisis pulmonalis . . . . .                        | 0  | 1      | 1         | 0   | 0                               | 0       | 8     | 1       | 11     |
| Pleurisy . . . . .                                   | 9  | 1      | 0         | 0   | 0                               | 0       | 0     | 1       | 11     |
| Pneumonia . . . . .                                  | 9  | 3      | 0         | 0   | 0                               | 0       | 3     | 1       | 16     |
| Affections of the heart . . . . .                    | 2  | 2      | 0         | 0   | 0                               | 0       | 0     | 1       | 5      |
| <b>DISEASES OF ABDOMINAL VISCERA.</b>                |    |        |           |   |                                 |         |       |         |        |
| Diarrhoea . . . . .                                  | 5  | 1      | 0         | 0   | 0                               | 0       | 0     | 2       | 8      |
| Dysentery . . . . .                                  | 12 | 0      | 2         | 0   | 0                               | 0       | 1     | 2       | 19     |
| Dyspepsia . . . . .                                  | 7  | 2      | 3         | 0   | 0                               | 0       | 1     | 0       | 13     |
| Enteritis . . . . .                                  | 2  | 0      | 0         | 0   | 0                               | 0       | 0     | 1       | 4      |
| Gastritis . . . . .                                  | 2  | 0      | 0         | 0   | 0                               | 0       | 3     | 0       | 2      |
| Constipation . . . . .                               | 1  | 1      | 0         | 0   | 0                               | 0       | 0     | 0       | 1      |
| Hernia . . . . .                                     | 1  | 0      | 0         | 0   | 0                               | 0       | 0     | 0       | 1      |
| " strangulated . . . . .                             | 1  | 0      | 0         | 0   | 0                               | 0       | 0     | 0       | 1      |
| Hæmorrhoids . . . . .                                | 1  | 1      | 0         | 0   | 0                               | 0       | 0     | 1       | 3      |
| Fistula . . . . .                                    | 2  | 0      | 0         | 0   | 0                               | 0       | 0     | 0       | 2      |
| Prolapsus ani . . . . .                              | 1  | 0      | 1         | 0   | 0                               | 0       | 0     | 0       | 2      |
| Hepatitis . . . . .                                  | 0  | 2      | 2         | 0   | 0                               | 0       | 1     | 1       | 6      |
| Worms . . . . .                                      | 1  | 0      | 0         | 0   | 0                               | 0       | 0     | 0       | 1      |
| <b>DISEASES OF GENERATIVE AND URINARY ORGANS.</b>    |    |        |           |   |                                 |         |       |         |        |
| Diseased uterus and vagina . . . . .                 | 1  | 4      | 2         | 1   | 0                               | 0       | 0     | 1       | 9      |
| Diseased bladder and urethra . . . . .               | 1  | 2      | 0         | 0   | 0                               | 0       | 0     | 0       | 3      |
| " testes . . . . .                                   | 8  | 2      | 1         | 0   | 0                               | 0       | 0     | 0       | 11     |
| Irregular catamenia . . . . .                        | 4  | 3      | 0         | 0   | 0                               | 0       | 0     | 1       | 8      |
| Stone in the bladder . . . . .                       | 5  | 0      | 0         | 0   | 0                               | 0       | 0     | 0       | 7      |
| Syphilis . . . . .                                   | 55 | 5      | 4         | 1   | 2                               | 2       | 8     | 8       | 77     |
| <b>DISEASES OF THE BONES.</b>                        |    |        |           |   |                                 |         |       |         |        |
| Caries and necrosis . . . . .                        | 1  | 1      | 0         | 0   | 0                               | 0       | 0     | 0       | 2      |
| Diseased joints . . . . .                            | 0  | 1      | 2         | 0   | 0                               | 0       | 0     | 1       | 4      |
| Periostitis . . . . .                                | 0  | 0      | 1         | 0   | 0                               | 0       | 0     | 0       | 1      |
| Ozæna . . . . .                                      | 0  | 2      | 0         | 0   | 0                               | 0       | 0     | 0       | 2      |
| <b>DISEASES OF THE SKIN.</b>                         |    |        |           |   |                                 |         |       |         |        |
| Eruptions . . . . .                                  | 2  | 1      | 0         | 0   | 0                               | 0       | 0     | 1       | 4      |
| Psoriasis . . . . .                                  | 2  | 2      | 0         | 0   | 0                               | 0       | 0     | 1       | 5      |
| Tinea capititis . . . . .                            | 0  | 1      | 0         | 0   | 0                               | 0       | 0     | 0       | 1      |

| ADMITTED FOR                                   |     | Cured. | Relieved. | Removed by friends<br>or at their request. | Discharged for mis-<br>conduct. | Eloped. | Died. | Remain. | Total. |
|--|-----|--------|-----------|--|---------------------------------|---------|-------|---------|--------|
| <b>DISEASES OF THE NERVOUS SYSTEM.</b>         |     |        |           |  |                                 |         |       |         |        |
| Catalepsy . . . . .                            | 0   | 0      | 0         | 0  | 0                               | 0       | 1     | 0       | 1      |
| Cephalgia . . . . .                            | 5   | 0      | 0         | 0  | 0                               | 0       | 0     | 0       | 5      |
| Chorea . . . . .                               | 1   | 0      | 0         | 0  | 0                               | 0       | 0     | 1       | 2      |
| Convulsions . . . . .                          | 1   | 0      | 0         | 0  | 0                               | 0       | 0     | 0       | 1      |
| Epilepsy . . . . .                             | 0   | 0      | 0         | 1  | 0                               | 0       | 0     | 0       | 1      |
| Hysteria . . . . .                             | 1   | 0      | 0         | 0  | 0                               | 0       | 0     | 1       | 1      |
| Neuralgia . . . . .                            | 1   | 1      | 2         | 0  | 0                               | 0       | 0     | 0       | 4      |
| Spinal Irritation . . . . .                    | 0   | 1      | 0         | 0  | 0                               | 0       | 0     | 1       | 2      |
| Paralysis . . . . .                            | 4   | 3      | 2         | 0  | 0                               | 0       | 1     | 1       | 11     |
| <b>DISEASES OF THE SANGUINEOUS<br/>SYSTEM.</b> |     |        |           |  |                                 |         |       |         |        |
| Aneurism . . . . .                             | 0   | 1      | 0         | 0  | 0                               | 0       | 2     | 0       | 3      |
| Apoplexy . . . . .                             | 1   | 0      | 0         | 0  | 0                               | 0       | 1     | 0       | 2      |
| Inflammations . . . . .                        | 7   | 2      | 1         | 0  | 1                               | 0       | 0     | 7       | 18     |
| Jaundice . . . . .                             | 0   | 0      | 0         | 0  | 0                               | 0       | 1     | 0       | 1      |
| Fever . . . . .                                | 49  | 5      | 6         | 0  | 0                               | 0       | 11    | 4       | 75     |
| " Bilious . . . . .                            | 3   | 0      | 0         | 0  | 0                               | 0       | 0     | 0       | 3      |
| " Intermittent . . . . .                       | 15  | 0      | 1         | 0  | 0                               | 0       | 1     | 1       | 18     |
| " Remittent . . . . .                          | 2   | 0      | 0         | 0  | 0                               | 0       | 0     | 0       | 2      |
| " Typhus . . . . .                             | 2   | 0      | 0         | 0  | 0                               | 0       | 0     | 0       | 0      |
| " Typhoid . . . . .                            | 2   | 0      | 0         | 0  | 0                               | 0       | 2     | 1       | 2      |
| " Yellow . . . . .                             | 1   | 0      | 0         | 0  | 0                               | 0       | 0     | 0       | 1      |
| Small pox . . . . .                            | 0   | 0      | 0         | 0  | 0                               | 0       | 1     | 0       | 1      |
| <b>MISCELLANEOUS CASES.</b>                    |     |        |           |  |                                 |         |       |         |        |
| Cancer . . . . .                               | 1   | 1      | 2         | 0  | 0                               | 0       | 0     | 0       | 4      |
| Carbuncle . . . . .                            | 1   | 0      | 0         | 0  | 0                               | 0       | 0     | 0       | 1      |
| Abcess . . . . .                               | 6   | 1      | 0         | 0  | 0                               | 0       | 1     | 0       | 8      |
| " Lumbar . . . . .                             | 1   | 0      | 0         | 0  | 0                               | 0       | 0     | 0       | 1      |
| Ulcer . . . . .                                | 26  | 8      | 4         | 0  | 0                               | 0       | 2     | 5       | 45     |
| Noli me tangere . . . . .                      | 0   | 1      | 0         | 0  | 0                               | 0       | 0     | 0       | 1      |
| Paronychia . . . . .                           | 0   | 1      | 0         | 0  | 0                               | 0       | 0     | 2       | 3      |
| Polypus of Antrum . . . . .                    | 0   | 0      | 1         | 0  | 0                               | 0       | 1     | 0       | 2      |
| Tumour . . . . .                               | 2   | 0      | 1         | 0  | 0                               | 0       | 2     | 0       | 5      |
| Elephantiasis . . . . .                        | 0   | 0      | 1         | 0  | 0                               | 0       | 0     | 0       | 1      |
| Scrofula . . . . .                             | 1   | 1      | 1         | 0  | 0                               | 0       | 0     | 0       | 3      |
| Debility . . . . .                             | 5   | 1      | 1         | 0  | 0                               | 0       | 0     | 0       | 7      |
| Diabetes . . . . .                             | 1   | 1      | 1         | 0  | 0                               | 0       | 0     | 0       | 3      |
| Dropsey . . . . .                              | 12  | 3      | 2         | 0  | 0                               | 0       | 3     | 1       | 21     |
| Gout . . . . .                                 | 1   | 0      | 0         | 0  | 0                               | 0       | 0     | 0       | 1      |
| Rheumatism . . . . .                           | 46  | 5      | 3         | 0  | 1                               | 0       | 0     | 5       | 60     |
| Diseased eyes . . . . .                        | 14  | 1      | 2         | 0  | 0                               | 0       | 0     | 3       | 20     |
|  | 558 | 93     | 75        | 5  | 7                               | 90      | 98    | 926     |        |
| Insanity . . . . .                             | 19  | 17     | 19        | 0  | 1                               | 6       | 108   | 170     |        |
| Mania a potu . . . . .                         | 17  | 0      | 1         | 0  | 0                               | 3       | 1     | 22      |        |
|  | 594 | 110    | 95        | 5  | 8                               | 99      | 207   | 1118    |        |
| <b>PREGNANT WOMEN.</b>                         |     |        |           |  |                                 |         |       |         |        |
| Delivered safely, 26                           | —   | —      | 6         | 0  | 0                               | 0       | 2     | 34      |        |
| Infants discharged in health, 25               | —   | —      | 0         | 0  | 0                               | 1       | 0     | 26      |        |
|  |     |        | 101       | 5  | 8                               | 100     | 209   | 1178    |        |

¹ One infant was stillborn, and one mother had twins.

**ART. V.—PARTICULAR SPECIES OF MALFORMATION OF THE FEMALE PELVIS.**

BY PROFESSOR F. C. NAEGELE.<sup>1</sup>

The malformations which form the subject of this article are as follows:

1. The pelvis appears to be displaced in an oblique direction, in such manner that the symphysis pubis is directed to one side and the os sacrum to the other. The symphysis pubis is found obliquely opposite the sacro-vertebral projection, consequently one of the oblique diameters of the superior and inferior straits and of the cavity of the pelvis is diminished, while the other is sometimes elongated in such a manner, that the superior strait and the pelvic cavity, seen from before, represent an oblique oval, the small transverse diameter of which is formed by the shortened oblique diameter, and the great longitudinal diameter by the other oblique diameter of the pelvis.

2. The sacro-iliac symphysis, which forms the pointed extremity of this oval, is entirely ossified.

3. The contiguous lateral half of the sacrum is atrophied.

4. The symphysis pubis is thrown from the side opposite to the sacro-iliac junction which is ossified, and the os sacrum is thrown to the other side.

5. The cavity of the pelvis converges in some degree obliquely and downwards.

6. At the side of the pelvis where the sacro-iliac symphysis is ossified, the anterior paries is not as arched outwards as in the natural state; it is much flatter and its internal surface is almost plane. Professor Naegele has never observed a depression of this lateral portion. The cotyloid cavity of the flattened side is consequently directed rather forwards; that of the opposite side preserves its nominal position. The ilium of the side in which the sacro-iliac junction is ossified, when measured from its anterior superior spinous process to the posterior superior, is shorter than that on the opposite side. The bones are in other respects sound, as regards their solidity and texture, without any evidences of rickets, malacosteon, or other anterior affections.

Amongst the cases noticed by the author, there were two in which the vertebral column was not distorted; in two others the lumbar portion of this column inclined toward the side of the ossified sacro-iliac junction; in four cases the bodies of the lumbar vertebrae were slightly inclined towards the side of this ossification. So far as the author could judge from the evidence he had collected, these persons had never been subject to rickets or osteo-malacia; they had not suffered from external violence, such as falls, blows, &c. Prof. Naegele has seen nine pelvises of this kind which differed only in the degree of contraction, and in the side on which the ossification had occurred. In all these cases of deformity of the pelvis, labour was fatal to both mother and child. The *first two* cases occurred in the practice of one of the friends of M. Naegele. One of them was a young primiparous woman, who appeared healthy and well-formed, was delivered of a dead infant with difficulty by forceps, and died of peritonitis four days afterwards; the *second* case was also that of a primiparous female who was delivered by perforating the cranium: she died twenty-four hours after. The *third* was seen by the author himself in 1828 in a primiparous woman, nineteen years of age, apparently healthy and well-formed, (she appeared however to limp slightly, and her brother had the right hip rather more elevated than the other);

<sup>1</sup> Encyclographie des Sciences Médicales, Mai, 1836, from Heidelberger Medicinische Annalen. Band. x. Heft. 3. Kleinert's Repertorium, 1836;—Ergänzungssheft zum ix Jahrgang.

We are indebted to Dr. Warrington of this city for the English version of this article.—*Ed.*

delivered of a dead child, by the forceps, which were used with great difficulty. She died in five days of peritoneal fever. The *fourth* and *fifth* pelvis of this kind were sent to the author by Professor d'Outrepont; they were taken from primiparous women, one of whom died after the use of forceps, and the other of the perforator. In one case the deformity was found in the left and in the other in the right side; in other respects the pelvis presented similar characters. The *sixth* and *seventh* pelvises were found in the collection of Professor Billi of Milan. The *eighth* is deposited in the museum of pathological anatomy at Vienna; the patient died during labour, from rupture of the uterus. Lastly, the *ninth* pelvis of this kind was found in the collection at the *Hospice de la Maternité*; the woman to whom it had belonged died undelivered, after four days' labour, and even after the head had been perforated. Ossification of the sacro-iliac symphysis was found on the left side, and this half of the sacrum was so defective in its formation, that the bodies of the superior vertebrae were so immediately jumbled together with the left iliac bone, that there was no trace of any previous separation.

The author gives the exact dimensions of all the pelvis, and four plates representing the *contour* of the superior straits of some of them.

These cases confirm the opinion already advanced by the author, that the contraction of the pelvis resulting from the approximation of the sacrum and one of the pubic bones is more frequently found on the left than on the right side.

Does this deformity result from a previous inflammatory action, a curvature of the vertebral column, or a vicious ossification of one half of the sacrum? The little evidence, which we have been able to collect of the previous health of the persons in question, is not sufficient to enable us to give a decisive answer on this point.

This defect (*vice*) seems to be very frequent, as the author has already collected nine cases since he has given more of his attention to the subject; but as these deformities cannot be ranked with the vices dependent upon rickets, osteo-malacia, &c., they have been neglected notwithstanding their importance. Delpech, in his memoirs on the hospitals of the south, speaks of an oblique contraction of the pelvis which is probably similar to the deformity described by Naegele. Dubois, also, in his thesis, as candidate for the chair of obstetrical clinics, (*Gaz. Médicale*, May, 1834,) seems to be acquainted with it.

#### ART. VI.—GERMAN OBSTETRICAL STATISTICS.

Professor Haase has recently published Reports of the Lying-in Hospital (*Entbindungs-Institute*), attached to the Royal Saxon Medico-Chirurgical Academy, at Dresden, for the years 1833 and 1834<sup>1</sup>. From these we obtain the following statistical details.

In the year 1833, 307 women were delivered; but, as 5 of these had twins, and 1 triplets, the number of children was 314. Artificial aid was esteemed necessary in 37 cases; in 31, the application of the forceps; in 3, "extraction;" in 1, paracentesis of a hydrocephalic head; in 1, perforation; and in 1, the caesarean section, which terminated fatally to the mother—who was rickety in the highest degree, her whole length being only forty-three inches—but the child was saved.

In 13 cases, the placenta had to be brought away; three times on account

<sup>1</sup> Neue Zeitschrift für 'Geburtskunde', von Busch, d'Outrepont und Ritgen, B. iii, 1 H. 3. s. 401 & 417.

of profuse hemorrhage, and ten times on account of preternatural adhesion to the uterus.

Of the 314 children, 152 were males, 161 females; the sex of an aborted foetus, two months old, could not be determined. Amongst those born, 1 boy and 4 girls were immature, (*unzeitiger*); premature (*frühzeitig*), 5 boys and 8 girls. 3 boys and 1 girl came into the world in a state of asphyxia; 11 boys and 13 girls were born dead. Died in the institution, after birth, 6 boys and 5 girls.

Of the children born living, the longest was 21 Paris inches long, the shortest 14; the heaviest weighed 10 pounds, the lightest 2½.

Of the women 5 died.

Of the presentations there were,—of the occiput, 287; of the face, 5; of the breech, 8; and of the feet, 6; undetermined, partly on account of the rapidity of labour, partly on account of their late admission, and partly on account of the smallness of the child, 8; total, 314.

In the year 1834, 236 women were delivered, but as there were 4 twin cases, and 1 triplet, the number of children born was 242. Artificial aid was requisite, in 37 cases; 29 times, the application of the forceps; 4 times, extraction; 11, turning; 2, perforation; 1, embryotomy.

The placenta required extraction in 15 cases, most commonly in consequence of adhesion of the membranes to the inner surface of the uterus.

Of the children born, 115 were boys, 127 girls. Immature, 1 boy and 1 girl; premature, 12 boys and 13 girls; *asphyxiated*, 4 boys and 1 girl; dead born, 12 boys and 8 girls. The longest child was 20 Paris inches long, the shortest 13½; the heaviest weighed 9½ pounds, the lightest 2 pounds.

Of the women 8 died.

Of the presentations there were,—of the head, 216; of the face, 1; of the breech, 5; of the feet, 8; undetermined, 9; cross, 3; total 242.

#### ART. VII.—ON VICARIOUS MENSTRUATION.

BY DR. FINGERHUTH, OF ESCH, NEAR ENSKIRCHEN.<sup>1</sup>

Two cases are detailed by Dr. Fingerhuth. In one, during suppression of menstruation, in a healthy girl, eighteen years of age, the bleeding took place from a whitlow "*panaritium tendinosum*" of the finger. Three weeks afterwards, the discharge recurred; but the catamenia becoming restored, and the wound healed, the phenomenon ceased.

The other case occurred in a girl, seventeen years of age, who had often felt the *molimina menstrualia* without the establishment of menstruation. She had suffered for some time with dyspnoea, palpitation, &c. when, one morning, she found the right breast bloody. On examination, Dr. Fingerhuth discovered that the flow proceeded from a nipple-like excrescence on the breast. This phenomenon occurred irregularly for some time, until ultimately uterine menstruation was properly established.

Professor George McClellan has mentioned to us a very surprising case of vicarious menstruation which he has had under his charge in this city. We are led to hope that he will oblige us with the particulars.

ART. VIII.—DR. ALEXANDER ON THE CAPILLARIES.<sup>1</sup>

The circumstance that suggested the observations of Dr. Alexander on the anatomy and physiology of the capillary bloodvessels was an optical phenomenon, by no means however infrequent, which he observed five years ago. This was the appearance of an extremely minute tube of glass, or rather of the finest and most transparent isinglass, pierced with lateral pores, which was seen standing out in bold relief, entirely disconnected with anything else, and apparently floating in the air. "I had heard," says Dr. Alexander, "of moats, or, as they are technically and vaguely termed, *muscae volitantes*, being seen in the eye, but I had never heard or read of anything being seen similar to what I then saw." Ten years ago, an identical phenomenon was the cause of some uneasiness to ourselves; amongst other appearances, which we referred to differences in the physical condition of the retina, a tube of the kind described by the author was distinctly perceptible; but instead of the pores being confined to the sides of the apparent vessel, there was a manifest termination in an open mouth. This is no longer seen, but numerous opacities, somewhat resembling plexuses of vessels or nerves, are still apparent. Dr. Alexander will find that many ingenious experiments and reflections have been recently made by a talented lady<sup>2</sup> on the subject of rendering the bloodvessels of the observer's retina apparent to him, and that the subject has been noticed by many of the more recent writers on physiology.<sup>3</sup>

The appearance above-mentioned Dr. Alexander concluded—prematurely, it will doubtless be thought—"to be nothing else than one of the much-sought-for seriferous capillaries with the lateral pores, which many physiologists, as Mascagni, Prochaska, Richerand, &c., have long supposed to exist in all the true capillaries." "I was for a long time," he adds, "unwilling to come to this conclusion. I knew that the capillaries had never been observed in this way before, or if they had the fact had never been made public, or had again sunk into oblivion. I could not believe it possible, as I knew must be the case if my supposition were true, that I could be the first to see *clearly* what must have been before, or rather in the very eyes of, millions during thousands of years."

On these slender data Dr. Alexander conceives himself justified in deducing, that "the parenchyma of the ancients does not exist; neither do the exhalent vessels themselves, imagined by some modern physiologists, as Haller, Bichat, &c. Exhalation and secretion are effected by the common capillaries," and he states that "there are the strongest reasons for believing that the various secreted and exhaled fluids are actually formed in the cavities of the capillaries; that chemical and vital changes are effected in the fluids contained in them in a mass, through the agency of the nervous influence, and that it is not in the very act of escaping from them that the products of secretion are formed:" he conceives, that exhalation and absorption take place alternately in the capillaries, and that they are effected by means of the same lateral pores.

Such are the main views of Dr. Alexander. We confess the basis of his

<sup>1</sup> Boston Medical and Surgical Journal, June 7th, 1837.

<sup>2</sup> Discoveries in Light and Vision, with a short memoir containing Discoveries in the Mental Faculties. 24mo. New York, 1836. p. 86.

<sup>3</sup> Purkinje, and Steinbuch, referred to in the editor's Human Physiology, 2d edit. p. 200.

deductions has not struck us forcibly in regard to its firmness or novelty; nor has the superstructure inspired us with much confidence. The author naturally relies more on the accuracy and strength of his observations and deductions than his readers may be disposed to do; and we are satisfied that further reflection will lead him to doubt many points on which his mind appears to be at present decided.

#### ART. X.—NOTE ON THE POWER OF PROCREATING AFTER CASTRATION.

BY THE EDITOR.

A question has been asked,—whether if a man be castrated after the age of puberty, he may not be able, for a few days after the operation, to impregnate with the sperm contained in the seminal ducts and vesicles?<sup>1</sup> This has been generally doubted, both as regards animals and man; but there is no question of the fact in the case of the former. The testimony of Varro, given between eighteen and nineteen hundred years ago, from personal observation, is very decided. “*Vaccæ enim mensibus decem sunt prægnantes. De quibus admirandum scriptum inveni; exemptis testiculis, si statim admiseris, concipere.*”<sup>2</sup> We have recently obtained the following information on this point. A valued medical friend of the editor, who practises in Baltimore, has furnished him with many facts of the kind, which fell under his own observation, or that of his friends. In one case, a boar was observed on one side of a hedge in a field of his farm striving to get at some sows—in heat—on the other side. The boar was castrated, and, no inconvenience being apprehended, he was turned loose into the field with the sows. In five minutes after the operation, he had intercourse with one of the sows, and subsequently with others. The first sow brought forth a litter, the young marked like the sire:—none of the others were impregnated.

In another case after a horse had been castrated, it was recollect that the yard had not been washed,—which, it seems, is looked upon as advisable. To save trouble, it was suggested, that the same effect might be produced by putting him to a mare then in the stable, and in heat. This was done, and in due time the mare brought forth a foal, unequivocally the result of this sexual union.

A gentleman, who is a great breeder of horses, in Saratoga county, New York, informed the editor's friend, Nicholas P. Frist, Esq., United States' consul at the Havana, that he had known several instances of impregnation after castration.

It is to be presumed that the power of procreation can exist for a short time only after the operation; yet a secretion may take place from the lining membrane of the ducts and vesiculae, and from the prostate and other follicles, but this secretion cannot supply the place of the sperm. Sir A. Cooper<sup>3</sup> gives the case of a man, who stated to him, that for nearly the first twelve months after complete castration, he had emissions *in coitu*, or the sensation of emissions; afterwards he had erections and intercourse at distant intervals, but without the sensation of emission.

<sup>1</sup> Pierer, Art. *Castrat.*, in *Anat. Physiol. Realwörterb.* Band ii., S. 69. Leipzig und Altenb., 1818.

<sup>2</sup> *De Re Rustica*, ii., 5.

<sup>3</sup> *Observations on the Structure and Diseases of the Testis.* London, 1830.

ART. IX.—PHLORIDZINE IN INTERMITTENTS.

BY M. MATHYSEN, ELEVE INTERNE AT THE HOPITAL ST. PIERRE, BRUSSELS.<sup>1</sup>

In the first number of the "Intelligencer," we referred to the mode of preparing this article, and to the success obtained by Dr. Van Mons, of Brussels, from its administration in intermittents. The following are additional cases reported by M. Mathysen.

CASE 1.—Catharine Sneyers, aged forty-five, was admitted into the hospital on the 13th of May, 1836; she had been affected with a quotidian intermittent for four weeks; on the day after her admission, sixteen grains of phloridzine were given her in four doses, which arrested the fever. To prevent its return, the phloridzine was given for three days longer in gradually diminishing doses.

CASE 2.—Catharine Duray, aged thirty-six, had for nine months a tertian intermittent, which had left her two or three times, but for a few days only. When she entered the hospital on the 12th of May, the fever had not left her for several weeks. There was so much gastric irritation, that M. Van Mons determined on giving the phloridzine in clysters. He prescribed twenty-four grains in three *lavemens*. The paroxysm returned, but it was a little less violent. In two days afterwards the same quantity was given in the same manner. The fever did not return.

CASE 3.—Mary Balanceourt, aged eleven years, entered the hospital on the 25th of May. She had laboured under tertian intermittent for four weeks. The day after her admission, twelve grains of phloridzine were administered to her, but the paroxysm returned. On the 28th the same dose, but the paroxysm still recurred. On the 30th sixteen grains were given, which put a stop to the fever. The medicine was given for two or three days longer, but in smaller doses.

CASE 4.—Peter Delaughe, aged twenty-seven, who had been affected for five weeks with a quotidian intermittent, entered the hospital on the 20th of May. The phloridzine was prescribed in the dose of fifteen grains. No paroxysm this day. The following day only twelve grains were given, and the fever recurred. The dose was then carried to eighteen grains, which stopped it altogether.

CASE 5.—Jane Bodouin, aged seventy-two years, had laboured for eight days under a tertian intermittent, when she entered the hospital on the 23d of May. The phloridzine, in the dose of fifteen grains, arrested it immediately.

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ART. X.—CASE OF EXSTROPHY OF THE BLADDER.

BY J. PANCOAST, M. D., SURGEON TO THE PHILADELPHIA ALMS-HOUSE HOSPITAL.

Since the case of exstrophy of the bladder was printed, we have been favoured with the following communication by Dr. Pancoast:—

Philadelphia, July 7, 1837.

Dear Sir,—The case of exstrophy of the bladder, about which you enquired, occurred in a male subject, who is now about eleven years old. The malformation in this case is quite extensive, though the individual grows rapidly and appears in other respects healthy. The penis is about two inches in length, with a groove on its upper surface, which extends over an imperfect glans. The upper half of the prepuce is deficient, and there is no urethral canal. The scrotum has no projection in relief, but its position is marked by a great number of transverse rugæ. The testes cannot be felt. The bodies of the two pubic bones have been imperfectly developed and are

<sup>1</sup> Bulletin Médical Belge, Oct. 1835, p. 261.

separated from each other an inch and a half at the middle line, giving unusual breadth to the pelvis, and a waddling motion to the gait. Above this interpubic space are the rudiments of the bladder, consisting of the *bas-fond* entire, with a small portion of the posterior wall; the mucous membrane, reddened by exposure to the atmospheric air, is united at its margin to the integuments of the abdomen. The upper part of the membrane is doubled down in a sort of fold over the *bas-fond*, which it converts into a sort of cup. In this cup the ureters terminate at the ordinary distance apart, and have the usual appearance and direction. Through their orifices the urine is constantly discharged *guttatim*, overflowing the pouch and running down upon the perineum. The drops do not take place synchronously from the orifices, and vary in number from each orifice from four to eight per minute. There is no vestige of an umbilicus. From the separation of the pubic bones, the sphincter ani muscle is deficient in its anterior attachment and but imperfectly fulfils its office. There is but little sensibility in the vesical mucous membrane, and a blunt probe introduced down the ureters till it rests against the promontory of the sacrum gives rise to no sensation.

Yours very respectfully,

To Professor Dunglison.

J. PANCOAST.

#### ART. XI.—CLINICAL RESEARCHES ON PHTHISIS.

BY M. MATTHEW HIRTZ.

Clinical Assistant to the Faculty of Medicine of Strasburg.

An interesting and elaborate paper on this subject has been published by M. Hirtz,<sup>1</sup> which he divides into four chapters,—the *first* comprising the signs deduced from the shape of the thorax, the *second* the signs afforded by the respiratory murmur; in the *third*, he speaks of a peculiar sound or rhonchus observed in the second stage of phthisis, and which he terms *rôle cavernuleux*. It does not exist at the commencement of the disease, but is heard when the tubercles begin to soften; and, as its name indicates, it appears to be produced in the small cavities formed at the expense of the softened tuberculous matter. Lastly, in the *fourth* chapter, he endeavours to estimate the value of some of the signs of the third stage of the disease.

From all his observations, connected with the subject of his first chapter, M. Hirtz considers himself authorised to conclude,—1. That in the normal state, the thorax covered by its soft parts has the shape of a cone reversed. 2dly. That in the consumptive, the thorax experiences at the top a remarkable contraction, in consequence of which the thoracic cone is inverted. 3dly. That this change of shape is generally observed from the commencement of the disease. 4thly. That it augments in a direct ratio with the progress of phthisis. 5thly. That it is always less marked and more slow in taking place in the female than in the male. And 6thly. That it is peculiar to phthisis, and may be esteemed a certain sign of tubercles. Besides this change of shape, a depression is observable in the subclavicular region, which is not the result of emaciation, and consequently of the depression of the intercostal space, but is owing to a real depression of the two or three first ribs. This depression is more remarkable as the disease is more advanced. It is met with more frequently on the right than on the left side, and always occupies the region corresponding to the seat of a cavity.

<sup>1</sup> La Presse Médicale, ancien Journal Hebdomadaire, Janvier, 1837.

## BIBLIOGRAPHICAL NOTICES.

*Weatherhead on Diseases of the Lungs.<sup>1</sup>*

This *polygraph*, if it may be so termed, has not impressed us favourably either as to the pathological or therapeutical knowledge of the author; the former appears to be too often superficial, the latter unphilosophical. The chapters, which are ten in number, treat of,—1. Common catarrh or cold. 2. Phthisis or consumption. 3. Dry catarrh. 4. Cough attendant and consequent on measles. 5. Gout in the lungs, or gouty cough, [!]. 6. Asthma. 7. Pleuritis. 8. Pulmonitis or pulmonic cough. 9. Hooping-cough. 10. Laryngitis catarrhalis, or hoarseness; laryngitis interstitialis or phlegmonous laryngitis, and laryngitis pseudo-membranacea or croup, [?].

Each of these subjects has been discussed at various times in monographic form, and now that the diagnosis of chest affections is so much improved they cannot with propriety be condensed into a very small compass; yet Dr. Weatherhead compresses all that he has to say of them—besides entering into sundry therapeutical discussions—into the space of about eighty pages of the “Library!”

We cannot enter into any examination of the topics discussed by the author; but we may briefly allude to one or two. He thinks, that certain medicines exert a specific effect on the mucous membrane of the lungs. In this category he places “ammoniacum, myrrh, and squill, which increase the quantity of the secretion.” Does Dr. Weatherhead mean to affirm that these agents are capable, in all cases, of increasing the secretion? If it be diminished by inflammation, and inflammation still continues, will agents, that are unquestionably excitants, restore the secretion? Myrrh, he says, in addition, has a specific effect on the lining membrane of the womb, stimulating its vessels, and “the same specific tendency shows itself in the medicinal properties of the balsams.” “The determination,” he adds, “is proved not only by the remarkable efficacy of these substances, in many cases wherein the mucous tissue is the seat of disease, but also by the corroborative circumstance of our being able to detect their passage out of the body by one of the mucous membranes,—that of the lungs. The fact is rendered no less undeniable than sensible by their tainting the breath with their peculiar odour. It would appear, therefore, that they enter the blood unassimilated, and are again excreted by the exhalents of the lungs, without their medicinal principle having undergone much, if any, alteration. Of this nature are ammoniacum, copaiva, balsam of Tolu and Peru, myrrh, galbanum, and asafætida.” But myrrh, we have seen, is considered by Dr. Weatherhead to have a specific action on the lining membrane of the genito-urinary organs also. Now when this drug is administered in amenorrhœa, it is rarely, perhaps, given in doses of more than six or eight grains, repeated, we may say, three times a day. Six or eight grains then

<sup>1</sup> A Practical Treatise on Diseases of the Lungs, considered especially in relation to the particular tissues affected illustrating the different kinds of cough. By G. Hume Weatherhead, M. D., Member of the Royal College of Physicians, Lecturer on the Principles and Practice of Medicine, and on Materia Medica and Therapeutics, at the Blenheim Street School of Medicine, Fellow of the Royal Medical and Chirurgical Society, Consulting Physician to the Royal Westminster Lying-in Institution, Corresponding Member of the Zoological Society, &c. 8vo, pp. 184. London, 1837.

—allowing the whole—enter the mass, say thirty pounds of blood, and are gradually exhaled as the blood passes through the radicals of the pulmonary artery. But the follicles which secrete the bronchial mucus are not supplied with blood from the pulmonary artery, but from the bronchial vessels; they therefore can only be stimulated by the blood circulating in them, in the same manner as the vessels of the genito-urinary mucous membrane, and how infinitesimally minute must be the proportion of the myrrh present at any given moment in those vessels. If such a specific effect can be induced, then homeopathy ought to be no longer a subject of ridicule. All the expectorants mentioned, except those that are given with the express view of nauseating, act in the diseases mentioned, wholly as excitants, and are therefore decidedly improper when inflammation is present.

In treating of the well-known action of tartarised antimony in large doses in pneumonia, the author appears to have completely misunderstood the view with which it is administered. After describing the method adopted by Laennec, Peschier, and Polidori, but without alluding in the slightest degree to the observations of several recent authorities of distinction, he adds,—“In England we regard doses such as the foregoing, as unnecessarily large, and prefer obtaining a slight nauseating effect to full vomiting in this disease,” p. 152. We thought every one was aware, that the controstimulant physicians do not administer the tartarised antimony in this disease for its nauseating or emetic properties; that, on the contrary, they consider if much nauseating or vomiting is induced, that the necessary tolerance is not present, and the contro-stimulant is discontinued. They regard the tartarised antimony, in other words, as an agent that possesses powers of controlling the action of the heart and arteries, but *not* “by the nausea it excites.” This, we say, is the view of those who administer the tartarised antimony in large doses in the phlegmasiae.

There are many other very disputable points in the book before us, which are not redeemed by much that is logical or precise; and withal there is frequently an obscurity in the diction which by no means tends to dispel the cloudiness produced by other causes. It would not be easy, in any modern scientific author, to find a parallel passage to the following:—

“The disease may go on in this way for some time, without making much progress, but *its continuance* can never be relied on, and ought not therefore to be neglected; for while, on the one hand, we have known the disease in this state to be protracted for years, on the other, consumption will, at times, run through all its stages in the space of a very few weeks.”—p. 47.

#### *Broc on the Races of Mankind.<sup>1</sup>*

We thought that the treatise of M. Broc on anatomy<sup>2</sup> was one of the most imaginative productions?—although on a subject of *exact* science, as it were,—that we had ever perused; but this small “Essay” we think even exceeds it. The title imports it to be an “Essay on the Races of Mankind, considered anatomically and philosophically;” the anatomy is however extremely meagre and often most unsatisfactory; whilst, of the philosophy, perhaps the less we say the better. We shall give, however, a brief extract

<sup>1</sup> *Essai sur les Races Humaines, considérées sous les rapports anatomique et philosophique.* Par P. P. Broc, Docteur en Médecine, Professeur d’Anatomie et de Physiologie. 8vo, pp. 164. Paris, 1836.

<sup>2</sup> *Traité Complet d’Anatomie Descriptive et Raisonnée, &c.* Tom. 3.

or two to let the reader judge somewhat of the work from the words of the author himself.

The subject of the origin of the races the author disposes of in the following "philosophical" manner. Perhaps, however, he was judicious in adopting this course.

"Is the human race, formed of species so different, the product of a single first man, or did it proceed from several? In other terms, is its origin single or multiple? It is evidently impossible to reply to this question, at least if we restrict ourselves to considering it in a philosophical manner. It is enough, therefore, for me to have proposed it."—p. 18.

The author follows M. Gerdy in his division of mankind into "subgenera," the basis of which is colour. He admits four of these,—the *white*, *yellow*, *negro* or *black*, and the *red*.

The picture of the difference between the black and white varieties of our species affords M. Broc a fine opportunity for the display of his poetical talent. After quoting from Virey—himself one of the most imaginative of anthropologists—he give the following apostrophe:—

"Thus, by his moral as well as his physical organisation, the black man bears some resemblance to the animals that are nearest to man. His intellect, governed by his viscera, scarcely emits a few rare and transient glimpses; slave to the sensations, he obeys all their influences; deprived of the magnificent privilege granted to man by his Creator, he knows not how to command nature. He is thus no longer a calorific *foyer*, vivifying everything by his presence; he is no longer the sovereign of the world; his is not an intellect recognisable by its sublime manifestations, he is a miserable being, borrowing his life from the beings that surround him; slave of the first person who subjects him to chains; ignorant almost of the very name of thought, and reduced to the enjoyment of existence merely by sensations that are capable of agitating his viscera."

All this is doubtless regarded by the author as sublime, but it strikes us as belonging rather to that which is admitted to be removed but one step from it. In the following assertions, our New Orleans friends will, we suspect, find something that they will be disposed to qualify still more strongly. In speaking of the savage state, M. Broc thus expresses himself,—

"There are savages, in the vicinity of cities, who mix with the inhabitants without acquiring their manners, without reflecting a single ray of the social torch that burns around them, almost like a group of vegetables, which, without culture or art, spring up negligently in the palaces of our kings. The act which is the greatest friend of mystery, that which modesty ever veils, is with them but one of the ordinary processes of life, which ought neither to be interrupted by the light of day, nor by the observation of their fellows. Under a moving mat, with which the parties who agitate it merely cover themselves to prevent the hooting of the passers-by, man creates and woman conceives; and whilst the author of all beings formed them in the solitude of chaos, it is in a place open to every one, that the savage pair pursue tranquilly the work of the first creation."—p. 133.

In a note to this exquisite twaddle, and, by the way, the *brochure* is filled with it, we have the following veracious note:—

"In New Orleans, for example, copulation executed in this manner in the face of heaven and earth is so common, so frequent, that scarcely any one but a stranger pays the least attention to it."

So much for M. Broc!

*The Cyclopædia of Practical Surgery.<sup>1</sup>*

This is the first part of the work the prospectus of which we announced having received from the publishers in an early number of the "Intelligencer."<sup>2</sup> It is upon the same plan as the "Cyclopædia of Practical Medicine," and the "Cyclopædia of Anatomy and Physiology." The chief articles in the present part, and their authors, are, as follows:—*Abdomen*, by Mr. Bransby B. Cooper; *Abortion*, by Dr. Ryan; *Abscess*, by Dr. Costello; *Acupuncture*, by Dr. Elliotson; *Adhesion, Adhesive Plaster, Aide, Albugo, Alese, and Alum*, by Dr. Costello; *Alveoles*, by Mr. T. Bell; *Alvine Concretion*, by Dr. Alex. Monro; *Amaurosis*, by Mr. Tyrrel; and *Ambulance*, by Dr. Millingen.

The xylographic illustrations are not as well executed as they might or ought to be; and we observe occasional evidences of carelessness. What article, for example, has Bérard written on "Abscess" in the *Encyclographie des Sciences Médicales?* It is a journal not a dictionary. *Ephino-mena* is written for *Epiphænomena*, (p. 43); *Areteus* for *Aretæus*, &c. Accuracy is peculiarly demanded in a work of the kind, which is essentially one of reference. We observe, too, in the present part, that the writers appear to have little or no knowledge of the German, so that many valuable contributions to science, emanating from a learned and active people, can scarcely be expected in its pages. This, however, is only the first part; we hope to be able to say otherwise as the work proceeds.

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*Warren on Tumours.<sup>3</sup>*

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This is precisely such a book as the young surgeon must peculiarly cherish. It is the production of a skilful and experienced practitioner; originally thoroughly educated in every branch of his profession; with opportunities the most ample for testing the views of others, and for developing his own; and accustomed, withal, to the habit of communicating his thoughts in a simple, but at the same time elegant and forcible, manner to his pupils. The basis, indeed, of Professor Warren's work, is the lectures on this branch of surgical science, added to the usual course delivered by him in the medical department of Harvard University.

"An exact discrimination between different kinds of tumours," he properly remarks, "is very important to the practitioner of surgery. His attention is continually called to these affections, and he is obliged to decide, whether they may involve the life of the patient, or are quite trivial and free from danger; whether they are to be subjected to medical treatment, or to require, what every one views with terror, a painful operation."—p. 1.

Professor Warren divides his work into fourteen sections, embracing respectively, 1. Epidermoid tumours. 2. Dermoid tumours. 3. Tumours of the cellular membrane. 4. Muscular tumours. 5. Periosteal tumours. 6. Osseous tumours. 7. Tumours of the glands. 8. Tumours of the secreting

<sup>1</sup> The Cyclopædia of Practical Surgery, comprising a series of original dissertations on operative medicine. By an association of physicians and surgeons. Edited by Wm. B. Costello, M. D., member of several learned societies, both national and foreign. Part 1., April, 1837. 8vo, pp. 112.

<sup>2</sup> For April 15th, p. 35.

<sup>3</sup> Surgical Observations on Tumours, with cases and operations. By John C. Warren, M. D., Professor of Anatomy and Surgery in Harvard University, and Surgeon of the Massachusetts General Hospital. 8vo, pp. 607. Boston, 1837.

glands. 9. Tumours of the testis. 10. Tumours of the mucous glands. 11. Tumours of the vascular textures. 12. Tumours of the membranous textures. 13. Encysted tumours. And 14. Abdominal tumours. The classification is evidently not free from objections, but of this no one can be more aware than the author. He states, indeed, expressly, that the difficulties in the distinguishing of different tumours from each other are, in the actual state of our data, insuperable, (p. 2.)

Prevented by the very nature of this journal from entering into any lengthened analysis of works, we can only express our conviction, having laid the bill of fare before our readers, that every one ought to partake of the repast, which is not only substantial and varied, but even luxurious. To employ the language of the booksellers, the work is admirably "got up." It is elucidated, too, by sixteen lithographic plates, representing different tumours. Some of these, however, we think, are scarcely as graphical as they might be.

#### *Copland's Dictionary of Practical Medicine.<sup>1</sup>*

The fourth part of this valuable work, the appearance of which has been delayed, owing to "numerous unforeseen occurrences," has recently reached this country, and maintains the character of the previous parts. We had the pleasure of being formerly associated with the author in the editorship of the "London Medical Repository," and had numerous opportunities for appreciating the vigour and comprehensiveness of his intellect, matured by the most favourable opportunities and the closest study. Fourteen years ago, it was proposed by Dr. Copland to Dr. Gordon Smith, to Henry Earle, Esq., and to the editor of this work, to commence a "Medical Cyclopædia," which might have been carried into execution had circumstances remained identical. Dr. Copland has shown that he was fully adequate to the duty.

The present part commences with "Hectic Fever," and ends with "Hypertrophy of the Heart."

#### *New Western Medical Journal.<sup>2</sup>*

This new candidate for professional favour makes the third quarterly published in the west, whilst in the east we have hitherto been able to support but one.

The present number contains five original communications; five articles in the *Analytical Department*; a department of *Analecta*; a *Physical Department*, and a *Miscellaneous*.

The editor is a practised writer, and we doubt not will zealously fulfil his duties.

<sup>1</sup> A Dictionary of Practical Medicine; comprising general pathology, the nature and treatment of diseases, morbid structures, and the disorders especially incidental to climates, to the sex, and to the different epochs of life; with numerous prescriptions, &c. &c., by James Copland, M. D., F. R. S., Lecturer on the Principles and Practice of Medicine in the Middlesex Hospital Medical School, &c. &c. Part IV., 8vo. London, 1837.

<sup>2</sup> The Western Quarterly Journal of Practical Medicine, edited by John Eberle, M. D., Professor of the Theory and Practice of Medicine in the Medical College of Ohio, &c., assisted by Professors A. G. Smith, M. D., J. Moorhead, M. D., J. Locke, M. D., J. Cobb, M. D., and J. T. Shotwell, M. D. No. 1, June, 1837. pp. 163.

*British and Foreign Medical Review.<sup>1</sup>*

We cheerfully publish the following notice of this excellent periodical. We are enabled to affirm, on the best authority, that at home its sale is steadily and rapidly augmenting, and that one thousand copies of No. IV. were disposed of within a fortnight after publication. It must be borne in mind, that the custom in England is not the same as with us. Each number is sold separately; there, the price being *six shillings*, so that the work printed in England and sent to this country, is actually furnished to subscribers here for a less sum than it can be obtained for there,—*five dollars per annum*—the subscription price—being not more than about *5s. 8d. sterling* for each number.

The “British and Foreign Medical Review,” the sixth number of which has lately arrived in this country, is a quarterly publication issued in London, under the supervision of Drs. Forbes and Conolly, two of the editors of the London Cyclopaedia of Practical Medicine. Its contents are composed of five different departments. 1st. Analytical and critical reviews. 2d. Bibliographical notices. 3d. Selections from foreign journals. 4th. Selections from British journals. And 5th. Medical intelligence. This journal, however, does not differ so much from others, in its plan, as in the ability displayed by the contributors to its pages. The editors are amongst the most eminent of the profession in the British empire, and they have engaged the assistance of men of the first distinction in the different departments of medical science. Most of the articles are from the pens of physicians and surgeons of large hospitals and dispensaries, who have consequently enjoyed the best opportunities for becoming practically acquainted with the subjects on which they write; and the literature of the work shows that they are men of liberal education and highly cultivated minds. The result is, that we now have, for the first time, a medical review, from the British press, deserving of comparison with the most celebrated of the journals devoted to literature and general science. The articles do not consist simply of an analysis of the work subjected to examination; but of a critical digest of all the information therein contained; and of all that can be collected from other sources unnoticed by the author. The most profound research, extensive experience, and critical acumen, are brought to bear upon the subjects discussed; and the consequence is, a more satisfactory epitome of the state of medical science at the present time, than we have met in any other work which has come under our observation. The execution of the mechanical part is fully equal to the literary; and we have no hesitation in pronouncing the British and Foreign Medical Review, the first medical periodical of the world.

The agents and publishers are Messrs. Wm. & Joseph Neal, No. 174 Market street, Baltimore. A.

Baltimore, June 7th, 1837.

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*Gaedechens on the Physiology and Pathology of the Facial Nerve.<sup>2</sup>*

The subject of this dissertation has given rise to much investigation and difference of sentiment. The author seems fully acquainted with every thing that has been done on the subject, and his chief object is to show

<sup>1</sup> The British and Foreign Medical Review or Quarterly Journal of Practical Medicine and Surgery. Edited by John Forbes, M. D., F. R. S., and John Conolly, M. D. Editors of the Cyclopaedia of Practical Medicine, Vol. iii, January—April, 1837. 8vo, pp. 594. London, 1837.

<sup>2</sup> *Nervi Facialis Physiologia et Pathologia. Dissertatio inauguralis, &c. &c., eruditorum examini submittit Bartholdus Gaedechens Med. Chir. et Art. Obstetric. Doctor. Hamburgensis, Heidelb., MDCCCXXXII.* 4to, pp. 50.

"that the facial nerve is not a mere motor nerve, as Sir Charles Bell, and those who follow him, maintain, but that it likewise communicates sensibility." Dr. Gaedechen's dissertation is divided into two parts,—the first, *physiological*, the latter, *pathological*. The first chapter of the former is "on the division of the spinal and cerebral nerves, into nerves which convey voluntary motion to the muscles, and sensibility." In this he concludes, after an examination of authorities, "that the nervus vagus is a sensific nerve, and that the muscular motions attributed to it—the motion of the muscles of the larynx and pharynx—are not to be referred to it, but to the accessory nerve." His second chapter, on the function of the facial nerve, leads him to the conclusion above stated, the minor portion, he conceives, being the sensific. The first chapter of the second part is "on diseases of the nervous system in general," and the second on the "disturbed functions of the facial nerve." In these we observe nothing new.

#### *Rigidity of the Muscles of the Face.*

Mr. Mayo, in a recent work,<sup>1</sup> which we may perhaps publish in the "Library," states that Dr. Mott had mentioned to him three cases of rigid atrophy in the muscles which raise the lower jaw. "The effect of the change of structure had been gradually to fix the mouth in the closed position. He had succeeded, however, by means of a suitable instrument, in forcing the jaws gradually to unclose."—p. 116.

The remark reminds us of a case which fell under our charge many years ago. A respectable lady of Virginia was affected with pleurisy, for which mercury was largely exhibited: it produced profuse salivation, caries of the maxillary bones, and almost total closure of the jaws. Some of the teeth fell out, so as to render it necessary to modify the form of the ordinary speculum oris, which was made so broad at the extremities of its branches as to rest upon the space occupied by the incisor and canine teeth. By the constant use of this instrument the jaws were gradually separated, so that she could use them in the prehension of food and in mastication, and the author has been informed that she now suffers little or no inconvenience from the sequelæ of her former unfortunate condition.

#### *Chemistry of the Digestive Organs.*

Dr. R. D. Thomson<sup>2</sup> infers, from experiments made by himself and others, that the stomach, in a state of health, retains a quantity of free muriatic acid, and also that dilute muriatic acid is capable of producing, by digestion with animal matter, at a temperature of 98°, a substance similar to chyme; and he expresses his opinion that this acid is therefore an important agent of digestion!

All this is as familiar to our readers as the fact that urine contains urea. The experiments themselves were instituted in this country, and we doubt not elsewhere, years ago; some are referred to in the work of Dr. Beaumont.<sup>3</sup> Experiments with the muriatic acid alone, with the acetic acid alone, and

<sup>1</sup> Outlines of Human Pathology. By Herbert Mayo, F. R. S., &c. Professor of Anatomy, Physiology, and Pathological Anatomy, in King's College, London. Surgeon to the Middlesex Hospital. 8vo, pp. 595. London, 1836.

<sup>2</sup> Records of General Science, Dec. 1836.

<sup>3</sup> Experiments and Observations on the Gastric Juice, &c. Plattsburg, 1833.

with the two together, were made conjointly by the editor and Dr. Beaumont, in Washington city, and by the editor and his friend, Dr. Emmet, at the University of Virginia. It is proper to remark, that when the stomach is empty, there is no muriatic acid in it, but the secretion of acid commences as soon as any substance—possessed or not of alimentary properties—is placed in contact with the mucous membrane.

We are somewhat surprised to observe a notice of Dr. Thomson's remarks amongst the "selections" in a late number of the "British and Foreign Medical Review," unaccompanied by any comments. The readers of that respectable periodical will naturally presume that the editors consider them entitled, at the least, to the merit of novelty.

#### *Colles on the Venereal.<sup>1</sup>*

Whatever propriety there may be in the feeling, that Professor Colles has not rendered justice to his cotemporaries on the subjects of which he treats in the volume before us, there is no difference of opinion as to the rare merits of his work. It is commenced in this day's "Library," and will occupy upwards of two numbers.

#### *Statistics in regard to Legitimate and Illegitimate Children in France.*

The statistics of the population of France furnish some astounding information on this subject, and exhibit the loose morality which prevails in the French metropolis, as it does more or less by the way in every large city. In a table<sup>2</sup> which embraces the legitimate and illegitimate births with the foundlings annually admitted into the various charitable institutions of France, during a period of ten years, commencing in 1824, the number in the department of Seine, in which Paris is situated, is given as follows:—

|                | 1824   | 1825   | 1826   | 1827   | 1828   | 1829   | 1830   | 1831   | 1832   | 1833  |
|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|
| Legitimates,   | 23,063 | 23,868 | 24,538 | 24,496 | 24,299 | 23,564 | 23,788 | 24,391 | 21,845 |       |
| Illegitimates, | 10,713 | 10,606 | 11,147 | 11,013 | 11,148 | 10,615 | 10,711 | 11,044 | 9,885  |       |
| Foundlings,    | 5,425  | 5,456  | 5,585  | 5,609  | 5,671  | 5,487  | 5,341  | 5,803  | 5,139  | 5,008 |

That is, of every 100 born, 17 are admitted illegitimates and 14 foundlings.

What a striking contrast between the department of Seine and some of the inland departments which contain no large towns,—we take that of Aveyron, for example, in the south of France: the report for 1832 gives of legitimates 10,124; of illegitimates, 656; and of foundlings, 472; that is, in every 100 born, under 6 illegitimates, and rather more than 4.19 foundlings.

*University of Maryland.*—We learn that at their meeting on the 5th inst., the Trustees of the University of Maryland appointed Dr. Henry Howard, of Brookville, Montgomery County, Professor of Midwifery and the Diseases of Women and Children, in the place of Dr. R. W. Hall, who, with his colleagues, Drs. Potter, and R. E. Griffith, had recently withdrawn from that institution. Dr. Howard has accepted the appointment.

<sup>1</sup> Practical Observations on the Venereal Disease and on the Use of Mercury. By Abraham Colles, M. D., one of the surgeons of Doctor Steevens's Hospital, and lately Professor of Surgery in Ireland. 8vo, pp. 351. London, 1837.

<sup>2</sup> Documents Statistiques sur la France, publiés par le ministre du commerce, section ii. Population. Tableau 5. Paris, 1835.

*Error in the "Encyclographie des Sciences Médicales."*—In the number of the "Encyclographie" for March last, there is a singular error, relative to an article on the medical institutions of the United States, written by the editor of this journal. Some of the information comprised in that article is placed in the "Encyclographie" under the head of "The American Journal of the Medical Science," and at the end of the article it is credited to the "Baltimore Medical Journal," which has no existence! The article was really published in the fourth and fifth numbers of the "British and Foreign Medical Review," and how this jumble could have been occasioned in the mind of the *redacteur* of the "Encyclographie" is not readily conceivable. We have, moreover, to object to his inaccuracy as a copyist. He states, that "the University of Pennsylvania only has its diploma in English and in the simplest language." The statement in the original is the *University of Virginia*.

*Provincial Medical and Surgical Association.*—This reunion of the members of all branches of the profession, in England, has been followed by marked advantages. The attention drawn to various subjects of science, by the appointment of reporters, has elucidated many of these; and good feelings amongst the members of the profession have been the consequence of their annual intercourse. Such has likewise been the effect of the annual meetings of our own state medical societies. These meetings have been well attended, and such would doubtless be the effect of a more extended rendezvous of the members of the profession from every part of the Union, could such a thing be effected. It is indeed impossible to calculate the advantages that might result from it. Sectional feelings would be diminished; professional asperities or jealousies be softened or abolished; a more uniform system of medical education amongst the different and distant institutions be established; and a wide-spread feeling of increased activity and usefulness be engendered, from which science and humanity could not fail to be extensive gainers.

We have recently received from England a communication respecting the *Provincial Medical and Surgical Benevolent Society*, by Dr. W. Conolly, the treasurer pro tem. This society is an emanation from the "Provincial Medical and Surgical Association." The outline of it was proposed at the first anniversary meeting, in 1833, by Dr. Baron, and at the meeting in 1835, it was determined, that a fund be accumulated by subscriptions and donations applicable to the following purposes:—

1. To the relief of contributors who may be unable, through sickness or casualty, to continue in the performance of their professional duties.
2. To the relief of widows and children of contributors.
3. To relief under temporary and unfavourable difficulties.
4. As temporary loans, at the discretion of the committee.

Committees have been appointed in different parts of England, the main object of which has hitherto been the collection of funds. The mode of distributing them was to be defined afterwards by a code of laws to be submitted to the consideration of the association. This code, which was doubtless presented at the last meeting of the association, we have not yet received.

*Another Death from Morison's Pills.*—Another verdict has been rendered against the vendors of these pills. A Mrs. Russel had suffered occasionally from constipation. For two years before her death she had been in the habit of taking the pills for what she called "windy dropsy and a pain in the kidneys." On the 9th of August last, she applied to a man of the name of La Mott, residing at Hull, complaining of illness. From that moment the pills were perseveringly administered until she sank. The morbid appearances of irritant poisoning were found in the stomach and especially at the pyloric orifice. The mucous membrane of the intestines was softened throughout. For the defence, witnesses were called, who deposed, as usual, to having taken the pills with benefit. La Mott was tried at the York spring assizes, found guilty, and sentenced to nine months' imprisonment!

*Phrenology.*—The medical congress of Belgium have decided by a majority, that it is neither good nor useful to diffuse, in the way of instruction, the knowledge of phrenology; in other words, "that phrenology does not merit the honour of forming a part of university education."<sup>2</sup>

*Number of Physicians in Connecticut.*—It appears from the lately published proceedings of the president and fellows of the Connecticut Medical Society, that the number of licensed physicians in that state is *three hundred and seventy-four*. Taking the number in each of the counties, and the population in 1830,<sup>3</sup> we may deduce the following ratio of medical advisers to the population in that state.

|                  | Population. | Number of physicians. | Ratio to the population. |
|------------------|-------------|-----------------------|--------------------------|
| Hartford County, | 51,141      | 64                    | 1 in 800                 |
| New Haven,       | 43,847      | 70                    | 1 626                    |
| New London,      | 42,201      | 47                    | 1 898                    |
| Fairfield,       | 46,950      | 46                    | 1 1021                   |
| Windham,         | 27,082      | 43                    | 1 630                    |
| Litchfield,      | 42,858      | 56                    | 1 765                    |
| Middlesex,       | 24,845      | 22                    | 1 1130                   |
| Tolland,         | 18,702      | 26                    | 1 720                    |
|                  | 297,626     | 374                   |                          |

The proportion in the whole state is about 1 physician to 800 inhabitants.

*Medical College of Georgia.*—The catalogue of students, for the last year, shows an increase, in the numbers that resort to this rising institution, of one third. Forty-six attended during the last session, and fifteen received the degree of doctor of medicine.

Determined to render the course of instruction still more useful, the trustees have added two new professorships, the one of *Physiology* and

<sup>1</sup> London Medical Gazette, for March 25, 1837, p. 976; and London Medical and Surgical Journal, for March 18th, 1837, p. 937.

<sup>2</sup> Bulletin Médicale Belge; Janvier, 1837.

<sup>3</sup> Darby and Dwight's Gazetteer of the United States. New York, 1832. This work is sufficiently accurate for a rough estimate; but, like most statistical works, it contains multitudinous errors. The population of the counties of Connecticut is given differently in different parts of the work.

*Pathological Anatomy*, the other of *Institutes of Medicine and Medical Jurisprudence*. To the former, Dr. Geo. M. Newton, Adjunct Professor of Anatomy and Physiology, has been appointed; to the latter, Dr. Ford, hitherto Professor of Chemistry in the Institution. The chair of chemistry has been conferred on Dr. Charles Davis, Professor of Chemistry in the Medical College of South Carolina. With the last gentleman we have the pleasure of a personal acquaintance. He is well versed in his subject; an excellent lecturer; and his accession to the school must be a subject of congratulation to every friend of the institution.

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*Sir Astley Cooper*.—At a recent levee, this distinguished surgeon, who is sergeant-surgeon to the king, received the grand cross of the Royal Hanoverian Guelphic order. Sir Astley was presented to the king by the Duke of Wellington.

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*Medical College of South Carolina*.—Dr. Charles Davis having resigned the chair of chemistry, Dr. Wm. Hume has been transferred from the chair of anatomy to that of chemistry and pharmacy, and Dr. B. B. Strobel has been appointed Professor of Anatomy.

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*Lithotripsy*.—A recent number of the "Boston Medical and Surgical Journal,"<sup>1</sup>—whose editor, amongst many commendable points, deserves great credit for the regularity with which his subscribers are favoured with the "Journal,"—contains the details of a case of lithotripsy, performed on Dr. Silas Tomkins, of New Bedford, the narrator. Dr. Tomkins awards great praise to Dr. Randolph "for the very careful as well as skilful manner in which he uses so powerful an instrument as the *brise-pierre-articulé* of M. Jacobson."

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#### NECROLOGY.

*M. Dubois*.—This eminent surgeon, the pupil of Desault, died in Paris, on the 30th of March last, in the 81st year of his age. He was born at Gramat, and having studied at the college of Cahors, set off for Paris, at the age of twenty, where he is said to have arrived with two sous and a half in his pocket. He obtained employment as a teacher, and by this, with the copying of law papers, he managed to support himself and to carry on his medical education. He soon after procured an introduction to Desault, who had the penetration to discover his merit, and under whose countenance he procured employment as a private teacher of anatomy. About the end of the reign of Louis XVI. he was appointed professor of anatomy, and rose progressively to the highest eminence as a surgeon. He was remarkable for his judgment, self-possession, and manual dexterity. He was an eloquent lecturer, and was greatly respected as a teacher.<sup>2</sup>

<sup>1</sup> June 21st, 1837, No. XX, 310.

<sup>2</sup> London Medical Gazette, for April 15, 1837, p. 87.

## BOOKS RECEIVED.

**Synopsis Morborum Cutaneorum, ad novos ordines digestorum. Dissertatio inauguralis pathologica, &c. &c. Publice defendet auctor Theodorus Glasmacher, Coloniensis. Berolini, 1835.**

**Ueber den Markschwamm der Hoden. Vom Dr. Otto Baring, praktischem Arzte und Wundarzte in Hannover, mit 4 lithographirten tafeln. 8vo, pp. 235. Götting. 1833.**

**Lectures on the Morbid Anatomy of the Serous and Mucous Membranes. In two volumes. By Thomas Hodgkin, M. D., Demonstrator of Morbid Anatomy, &c., at Guy's Hospital, &c. &c. Vol. I. On the Serous Membranes; and, as appended subjects, parasitical animals, malignant adventitious structures, and the indications afforded by colour. 8vo, pp. 402. London, 1836.**

**From the Author.—Surgical Observations on Tumours, with Cases and Operations. By John C. Warren, M. D., Professor of Anatomy and Surgery in Harvard University, and Surgeon of the Massachusetts General Hospital. 8vo, pp. 607, (with sixteen plates). Boston, 1837.**

**From the Author.—Purpura Hæmorrhagica, its Causes and Treatment. By David King, Jr., M. D. (Fiske Fund prize dissertation of the Rhode Island Medical Society). 8vo, pp. 38. Boston, 1837.**

**From the Author.—A Discourse on some of the Diseases of the Knee Joint; delivered before the Massachusetts Medical Society, at their annual meeting, May 31, 1837. By George Hayward, M. D., Professor of the Principles of Surgery, and of Clinical Surgery, in Harvard University, and Surgeon to the Massachusetts General Hospital. 8vo, pp. 28. Boston, 1837.**

**From the Author.—Chemical Diagrams; or concise views of many interesting changes produced by chemical affinity. By Jacob Green, M. D., Professor of Chemistry in Jefferson Medical College. 24mo, pp. 90. Philadelphia, 1837.**

**From Dr. Barclay, a pupil of the Author.—Observations on Obstetric Auscultation, with an analysis of the evidences of pregnancy, and an enquiry into the proofs of the life and death of the fœtus in utero. By Evory Kennedy, M. D., Licentiate of the King and Queen's College of Physicians in Ireland, Lecturer on Midwifery and the Diseases of Women and Children at the Richmond Hospital School, and late assistant to the Dublin Lying-in Hospital, with an appendix containing legal notes. By John Smith, Esq., Barrister at Law. 12mo, pp. 288. Dublin, 1833.**

**From Professor E. H. Barton.—The Circular of the Medical College of Louisiana, and—Introductory Lecture on Auscultation, delivered at the opening of the third session of the Medical College of Louisiana. By E. H. Barton, M. D., Professor of the Theory and Practice of Medicine, &c. &c. 8vo, pp. 17. New Orleans, 1837.**

## ACKNOWLEDGMENTS.

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